

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G442		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/13/2014	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 402 EWING LN JEFFERSONVILLE, IN 47130			
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W000000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: November 12 and 13, 2014.</p> <p>Facility Number: 000956 Provider Number: 15G442 AIMS Number: 100244760</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/20/14 by Ruth Shackelford, QIDP.</p>		W000000				
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2,</p>		W000125	<p>W125: 483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p>		12/13/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>#3, and #4), the facility failed to ensure clients and/or their surrogates consented to sharps (knives) being locked.</p> <p>Findings include:</p> <p>Observations were conducted at the facility from 4:00 PM until 6:00 PM on 11/12/14. At 4:15 PM, staff #5 came into the medication/office room, and accessed a metal box kept in a locked filing cabinet. She retrieved a sharp knife for client #7 who was preparing the evening meal. Staff #4 indicated (11/12/14 at 4:15 PM) the sharp knives were kept locked in the office due to client #5's behavior.</p> <p>Client #1's record was reviewed on 11/13/14 at 10:35 AM. The record indicated client #1 was her own guardian and her niece was her advocate. The record review indicated an ISP/Individual Support Plan dated 10/18/13. The ISP contained no mention of or consent to having the sharps locked at the facility by client #1 or her advocate.</p> <p>Client #2's record was reviewed on 11/13/14 at 11:05 AM. The record indicated client #2 had an ISP dated 9/26/14. The record review indicated the client had a Health Care Representative/HCR to assist in decision making. The record review indicated no</p>		<p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Corrective Action: (specific): The Residential Manager and QIDP will be in-serviced on ensuring the ISP contains all rights restrictions and the proper notification of the individual, guardians/HCR/Advocate as well as HRC approvals are obtained before implementation of a rights restriction occurs. The Clinical Supervisor will be in-serviced on ensuring all rights restrictions are in place and reviewed by the individual, guardians/HCR/Advocate as well as HRC approvals are obtained prior to implementation of the rights restriction.</p> <p>How others will be identified: (Systemic): The QIDP will revise all the clients Individual Support Plan to include any and all rights restriction,</p>				

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	<p>need for or consent from client #2 or her HCR for locking sharps.</p> <p>Client #3's record was reviewed on 11/13/14 at 11:18 AM. The record indicated client #3's father served as her legal guardian. The review indicated an ISP dated 2/7/14. Client #3's ISP did not contain information about locking sharps. Client #3's guardian had not consented to the locking of the sharps.</p> <p>Client #4's record was reviewed on 11/13/14 at 10:35 AM. The record indicated client #4 had an ISP dated 9/16/14. The record indicated client #4's mother served as her legal guardian. Client #4's ISP did not contain information about locking sharps. Client #4's guardian had not consented to the locking of the sharps.</p> <p>Interview with Administrator #1 on 11/13/14 at 2:30 PM indicated no further information regarding the missing consents for locking sharps at the facility.</p> <p>9-3-2(a)</p>			<p>notify the individual, guardians/HCR/Advocate and seek HRC approvals for all restrictions in the home prior to implantation of the rights restriction for all individuals. The Clinical Supervisor will review the ISP's monthly to ensure all proper notifications and HRC approval occurs for any rights restrictions. The Bill of Rights and the Grievance Policy will be reviewed and renewed with each client to ensure clients are aware of the policy and the procedure for filing complaints and their right for due process.</p> <p>Measures to be put in place: The Residential Manager and QIDP will be in-serviced on ensuring the ISP contains all rights restrictions and the proper notification of the individual, guardians/HCR/Advocate as well as HRC approvals are obtained before implementation of rights restriction occurs. The Program Manager will be in-serviced on ensuring all rights restrictions are in place and reviewed by the individual, guardians/HCR/Advocate as well as HRC approvals are obtained prior to implementation of the rights restriction.</p>			

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 3 of 10 investigations reviewed, affecting 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8), the facility failed to ensure their</p>		W000149	<p>Monitoring of Corrective Action: The QIDP will revise all the clients Individual Support Plan to include the rights restriction, notify the individual, guardians/HCR/Advocate and seek HRC approvals for all restrictions in the home prior to implantation of the rights restriction for all individuals. The Clinical Supervisor will review the ISP's monthly to ensure all proper notifications and HRC approval occurs for any rights restrictions. The Bill of Rights and the Grievance Policy will be reviewed and renewed with each client to ensure clients are aware of the policy and the procedure for filing complaints and their right for due process.</p> <p>Completion date: 12-13-14</p> <p>W 149: 483.420(d)(1) STAFF TREATMENT OF CLIENTS</p>		12/13/2014	

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	<p>policies prohibiting abuse and exploitation were implemented. The facility failed to ensure their investigations were completed and the results reported to the administrator in five days. The facility failed to ensure corrective action (reimbursements of clients' funds) was completed.</p> <p>Findings include:</p> <p>Facility investigations were reviewed on 11/12/14 at 2:00 PM and on 11/13/14 at 9:35 AM and indicated the following:</p> <p>1. On 10/01/14 an investigation was initiated in regards to staff #8 being asleep while being responsible for monitoring clients #1, #2, #3, #4, #5, #6, #7, and #8. The Investigation was completed on 10/10/14 and could not be substantiated.</p> <p>2. On 9/29/14 an investigation was initiated in regards to staff #7 being verbally abusive to client #1. The Investigation was completed on 10/13/14 by Administrator staff #2 and was substantiated.</p> <p>3. On 7/05/14 it was reported that clients #5 and #8 were missing personal money which had been kept at the facility. The Investigation was not completed until</p>			<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the clients.</p> <p>Corrective Action: (Specific) An investigation was completed regarding the missing money. Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days and the final investigation will be sent to the Business Office Manager and all funds will be reimbursed to the RFMS account. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedures and client finances. A safe was purchased for the home to secure all client finances.</p> <p>How others will be identified: (Systemic) The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. The Program Manager will ensure the Clinical Supervisor submits all finalized investigations to the Business Office Manager to ensure funds are reimbursed to the clients. All investigations will be provided to</p>			

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	<p>8/26/14.</p> <p>The missing money was substantiated; client #5 lost \$52.00 and client #8 lost \$43.00.</p> <p>Review of the clients' resident funds management system accounting statements for 3/3/14 through 11/12/14 indicated they had not been reimbursed the missing money.</p> <p>Interview with accounting staff #1 on 11/13/14 at 1:30 PM indicated the money had been requested but had not been reimbursed to clients #5 or #8.</p> <p>Interview with Administrator #1 on 11/13/14 at 2:30 PM indicated the investigations were not timely; they were to be completed within 5 working days of knowledge of the incident.</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 08/01/07 Operational Policy and Procedure Manual (revised 07/02/2012) was reviewed on 11/12/2014 at 3:00 PM. The review indicated the agency prohibited abuse and neglect of clients. The definitions were as follows:</p> <p>"B. Abuse---Verbal</p> <p>1. The act of insulting or profane language or gestures directed toward an individual that subject him or her to</p>		<p>the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances weekly to ensure that all funds are accounted for. The Clinical Supervisor will review client finances at least one time monthly to ensure the client funds are accounted for.</p> <p>Measures to be put in place: Corrective Action: (Specific) An investigation was completed regarding the missing money. Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days and the final investigation will be sent to the Business Office Manager and all funds will be reimbursed to the RFMS account. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedures and client finances. A safe was purchased for the home to secure all client finances.</p> <p>Monitoring of Corrective Action: The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. The Program Manager will ensure the Clinical Supervisor submits all finalized investigations to the Business Office Manager to ensure funds are reimbursed to the</p>				

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W000156	<p>humiliation or degradation.</p> <p>2. Coarse, loud tone, or with language that is perceived by an individual as offending or threatening.....</p> <p>E. Abuse--Exploitation</p> <p>Definition:</p> <p>1. An act that deprives an individual of real or personal property by fraudulent or illegal means."</p> <p>9-3-2(a)</p> <p>483.420(d)(4)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview for 3 of 10 investigations reviewed, affecting 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8), the facility failed to ensure the investigations were completed and the results reported to the administrator in five days.</p>		W000156	<p>clients. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances weekly to ensure that all funds are accounted for. The Clinical Supervisor will review client finances at least one time monthly to ensure the client funds are accounted for.</p> <p>Completion date: 12-13-14</p> <p>W 156 483.420(d)(4) STAFF TREATMENT OF CLIENTS</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law</p>		12/13/2014	

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	<p>Findings include:</p> <p>Facility investigations were reviewed on 11/12/14 at 2:00 PM and on 11/13/14 at 9:35 AM and indicated the following:</p> <p>1. On 10/01/14 an investigation was initiated in regards to staff #8 being asleep while being responsible for monitoring clients #1, #2, #3, #4, #5, #6, #7, and #8. The Investigation was completed on 10/10/14 and could not be substantiated.</p> <p>2. On 9/29/14 an investigation was initiated in regards to staff #7 being verbally abusive to client #1. The Investigation was completed on 10/13/14 by Administrator staff #2 and was substantiated.</p> <p>3. On 7/05/14 it was reported that clients #5 and #8 were missing personal money which had been kept at the facility. The Investigation was not completed until 8/26/14. The missing money was substantiated; client #5 lost \$52.00 and client #8 lost \$43.00.</p> <p>Interview with Administrator #1 on 11/13/14 at 2:30 PM indicated the investigations were not timely; they were to be completed within 5 working days of</p>				<p>within five working days of the incident.</p> <p>Corrective Action: (Specific): The Clinical Supervisor will be in-serviced on reporting all incidents of abuse/neglect per BDDS policy and procedure as well as all allegations of abuse/neglect are investigated and completed within the 5 working days.</p> <p>How others will be identified: (Systemic): The Program Manager will review incident reports and investigations at least weekly to ensure that all reports required are filed with BDDS and that all investigations are completed within 5 working days per policy and procedure. All investigations will be provided to the Executive Director upon completion for review.</p> <p>Measures to be put in place: The Clinical Supervisor will be in-serviced on reporting all incidents of abuse/neglect per BDDS policy and procedure as well as all allegations of abuse/neglect are investigated and completed within the 5 working days.</p> <p>Monitoring of Corrective Action: The Program Manager will review incident reports and investigations at least weekly to ensure that all reports required are filed with BDDS and that all investigations are completed within 5 working days per policy and</p>		

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W000157	<p>knowledge of the incident.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 10 investigations reviewed, affecting 2 additional clients (#5 and #8), the facility failed to ensure corrective action (reimbursements of clients' funds) was completed.</p> <p>Findings include:</p> <p>Facility investigations were reviewed on 11/12/14 at 2:00 PM and on 11/13/14 at 9:35 AM and indicated the following:</p> <p>On 7/05/14 it was reported that clients #5 and #8 were missing personal money which had been kept at the facility. The Investigation was not completed until 8/26/14.</p> <p>The missing money was substantiated; client #5 lost \$52.00 and client #8 lost \$43.00.</p> <p>Review of the clients' resident funds</p>		W000157	<p>procedure. All investigations will be provided to the Executive Director upon completion for review.</p> <p>Completion date: 12-13-14</p> <p>W157: 483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Corrective Action: (Specific) An investigation was completed regarding the missing money. Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days and the final investigation will be sent to the Business Office Manager and all funds will be reimbursed to the RFMS account. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedures and client finances. A safe was purchased for the home to secure all client finances. How others will be identified: (Systemic) The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and</p>		12/13/2014	

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	<p>management system accounting statements for 3/3/14 through 11/12/14 indicated they had not been reimbursed the missing money.</p> <p>Interview with accounting staff #1 on 11/13/14 at 1:30 PM indicated the money had been requested but had not been reimbursed to clients #5 or #8.</p> <p>9-3-2(a)</p>			<p>investigation are initiated and completed within 5 business days. The Program Manager will ensure the Clinical Supervisor submits all finalized investigations to the Business Office Manager to ensure funds are reimbursed to the clients. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances weekly to ensure that all funds are accounted for. The Clinical Supervisor will review client finances at least one time monthly to ensure the client funds are accounted for. Measures to be put in place: Corrective Action: (Specific) An investigation was completed regarding the missing money. Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days and the final investigation will be sent to the Business Office Manager and all funds will be reimbursed to the RFMS account. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedures and client finances. A safe was purchased for the home to secure all client finances. Monitoring of Corrective Action: The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5</p>			

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, and #4) to ensure clients' active treatment programs were coordinated and monitored by the facility's Qualified Intellectual Disabilities Professional (QIDP). The facility failed to ensure client monthly summaries were done by a QIDP and failed to ensure all Individual Support Plans were done at least annually.</p>		W000159	<p>business days. The Program Manager will ensure the Clinical Supervisor submits all finalized investigations to the Business Office Manager to ensure funds are reimbursed to the clients. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances weekly to ensure that all funds are accounted for. The Clinical Supervisor will review client finances at least one time monthly to ensure the client funds are accounted for. Corrective Action Date: 12-13-14</p> <p>W 159 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p>		12/13/2014	

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	<p>Findings include:</p> <p>Record review for client #1 was done on 11/13/14 at 10:00 AM. Client #1's record contained program reviews but they were not by a Qualified Intellectual Disabilities Professional/QIDP. The client's ISP/Individual Support Plan was dated 10/18/13. The ISP had not been done annually. An un-degreed manager was listed as the author instead of a QIDP. Monthly reviews of the client's ISP had been conducted by direct support staff instead of a QIDP.</p> <p>Record review for client #2 was done on 11/13/14 at 11:05 AM. Client #2's record contained no QIDP program reviews since the ISP dated 9/27/14. The review indicated no QIDP had been involved in the formulation of the ISP. A house manager's name was on the documents as the author (non-degreed).</p> <p>Record review for client #3 was done on 11/13/14 at 11:18 AM. Client #3's record contained no QIDP program reviews since the ISP dated 2/07/14.</p> <p>Record review for client #4 was done on 11/13/14 at 10:35 AM. Client #4's record contained no QIDP program reviews since the ISP dated 9/16/14. The review</p>		<p>Corrective Action: (Specific): The QIDP will be in-serviced on ensuring the Individual Support Plans (ISP) and Behavior (BSP) Support Plans are updated at least annually and revised as changes occur throughout the year. Client #1's ISP and BSP will be updated due to its expiration occurring in the month of October 2014. Client #2's ISP will be revised by the QIDP and will include the team to formulate the plan. Client #4's ISP and BSP will be revised to include the QIDP. Client #1, 2, 3 & 4's monthly summaries will be completed by the QIDP as well as all clients in the home. The QIDP will be in-serviced on ensuring annual Individual Support (ISP) meetings occur timely and the BSP's, ISP's and goal development takes place, appropriate consents, signatures and HRC approvals are obtained for all client ISP's and BSP's and a monthly review of all documents occurs. The QIDP will be in-serviced and responsible for ensure all staff are trained on the plans and are implementing them. The Clinical Supervisor will be in-serviced on supervising the activities of the QIDP to ensure that annual ISP, BSP development and revisions, consents, signatures, HRC approvals and monthly summaries are occurring. The Clinical Supervisor will be in-serviced on ensuring the monthly summaries are in the home and being completed and the QIDP is reviewing and signing the monthly summaries.</p>				

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	<p>indicated a Behavior Support Plan/BSP dated 4/23/14; there was no signature page to indicate a QIDP or Behavior Specialist had been involved in the formulation of the ISP or BSP.</p> <p>Interview with Administrator #1 on 11/13/14 at 2:30 PM failed to indicate evidence a QIDP or Behavior Specialist had formulated and been monitoring the clients' programs.</p> <p>9-3-3(a)</p>			<p>How others will be identified: (Systemic) The QIDP will be involved in writing and revising the Individual Support Plans and Behavior Support Plans for all individuals in the home to as well as assuring all necessary revisions to the plans occurs throughout the year. The QIDP will be responsible for assuring the monthly summaries have been completed and signed for each client in the home. In addition the QIDP will conduct annual Individual Support Plan meeting for all clients and provide a signature assuring a QIDP was involved in the formulation of the plan. The QIDP will develop goals for each client, provide staff training on all documents, and ensure the data collection is occurring as well as goal implementation is occurring on a daily basis. The Clinical Supervisor will review the Monthly Summaries to ensure the QIDP is reviewing and signing. In addition the Clinical Supervisor will ensure the QIDP is completing annual ISP's, revising BSP's and completing staff training as necessary.</p> <p>Measures to be put in place: The</p>			

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				<p>QIDP will be in-serviced on ensuring the Individual Support Plans (ISP) and Behavior (BSP) Support Plans are updated at least annually and revised as changes occur throughout the year. Client #1's ISP and BSP will be updated due to its expiration occurring in the month of October 2014. Client #2's ISP will be revised by the QIDP and will include the team to formulate the plan. Client #4's ISP and BSP will be revised to include the QIDP. Client #1, 2, 3 & 4's monthly summaries will be completed by the QIDP as well as all clients in the home. The QIDP will be in-serviced on ensuring annual Individual Support (ISP) meetings occur timely and the BSP's, ISP's and goal development takes place, appropriate consents, signatures and HRC approvals are obtained for all client ISP's and BSP's and a monthly review of all documents occurs. The QIDP will be in-serviced and responsible for ensure all staff are trained on the plans and are implementing them. The Clinical Supervisor will be in-serviced on supervising the activities of the QIDP to ensure that annual ISP, BSP development and revisions, consents, signatures, HRC approvals and monthly summaries are occurring. The Clinical Supervisor will be in-serviced on ensuring the monthly summaries are in the home and being completed and the QIDP is reviewing and signing the monthly summaries.</p>			

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				<p>Monitoring of Corrective Action: The QIDP will be involved in writing and revising the Individual Support Plans and Behavior Support Plans for all individuals in the home to as well as assuring all necessary revisions to the plans occurs throughout the year. The QIDP will be responsible for assuring the monthly summaries have been completed and signed for each client in the home. In addition the QIDP will conduct annual Individual Support Plan meeting for all clients and provide a signature assuring a QIDP was involved in the formulation of the plan. The QIDP will develop goals for each client, provide staff training on all documents, and ensure the data collection is occurring as well as goal implementation is occurring on a daily basis. The Clinical Supervisor will review the Monthly Summaries to ensure the QIDP is reviewing and signing. In addition the Clinical Supervisor will ensure the QIDP is completing annual ISP's, revising BSP's and completing staff training as necessary.</p> <p>Completion date: 12/13/14</p>			

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W000362	<p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview, the facility failed for 4 of 4 sampled clients, (clients #1, #2, #3 and #4), to provide evidence the pharmacist reviewed their medications on a quarterly basis.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 11/13/14 at 10:35 AM. The record indicated client #1 received daily medications for her heart, hypertension and supplements. The record review indicated the pharmacist had reviewed client #1's medications on 04/24/14 and 7/28/14. There was no evidence to indicate a pharmacist's review of client #1's medications for potential side effects or drug interactions every quarter for the calendar year of 2014.</p> <p>Client #2's record was reviewed on 11/13/14 at 11:05 AM. The record indicated client #2 received quarterly Depo Provera shots for birth control. The record review indicated the pharmacist's reviewed client #2's medication on 4/24/14 and 7/28/14 during the calendar</p>		W000362	<p>W 362 483.460(j)(1) DRUG REGIMEN REVIEW</p> <p>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly</p> <p>Corrective Action: (Specific): The consulting pharmacy has been contacted to complete pharmacy reviews of current medication regimen on client's #1,2,3 and 4 as well as all other consumers in the home. The nurse and the residential manager will be in-serviced on the ensuring that pharmacy reviews are completed at least quarterly for all clients.</p> <p>How others will be identified: (Systemic): The nurse and the residential manager will review all clients' pharmacy reviews of medication regimens to ensure that there is a quarterly review in place. The nurse will review all client pharmacy medication reviews at least</p>		12/13/2014	

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	<p>year of 2014. There was no evidence to indicate a pharmacist's review of client #2's medications for potential side effects or drug interactions every quarter during 2014.</p> <p>Client #3's record was reviewed on 11/13/14 at 11:18 AM. The record indicated client #3 received daily medications for behavior management, allergies and supplements. The record review indicated no evidence of any pharmacist's review of client #3's medications. There was no evidence to indicate a pharmacist's review of client #3's medications for potential side effects or drug interactions.</p> <p>Client #4's record was reviewed on 11/13/14 at 10:35 AM. The record indicated client #4 received daily medications for behavior management, allergies, and supplements. The record review indicated the pharmacist reviewed client #4's medications on 4/24/14 and 7/28/14 for the calendar year of 2014. There was no more evidence to indicate a pharmacist's review of client #4's medications for potential side effects or drug interactions.</p> <p>The Administrator (staff #1) was interviewed on 11/13/14 at 2:50 PM. She indicated there was nothing signed or</p>		<p>monthly to ensure that medication reviews are being completed timely by the pharmacist. The Nursing Manger will review client records at least quarterly to ensure that all clients have a review of medication regimen completed by the pharmacist at least quarterly.</p> <p>Measures to be put in place: The consulting pharmacy has been contacted to complete pharmacy reviews of current medication regimen on client's #1,2,3 and 4 as well as all other consumers in the home. The nurse and the residential manager will be in-serviced on the ensuring that pharmacy reviews are completed at least quarterly for all clients.</p> <p>Monitoring of Corrective Action: The nurse and the residential manager will review all clients' pharmacy reviews of medication regimens to ensure that there is a quarterly review in place. The nurse will review all client pharmacy medication reviews at least monthly to ensure that medication reviews are being completed timely by the pharmacist. The Nursing Manger will review client records at least quarterly to ensure that all clients have a review of medication regimen completed by the pharmacist at least quarterly.</p>				

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	dated by a pharmacist to indicate a review of clients #1, #2, #3 and #4's medications every quarter for the calendar year of 2014 by a pharmacist for potential side effects or drug interactions. 9-3-6(a)			Completion date: 12-13-14			